Media Availability
Dr. William Winkenwerder,
Assistant Secretary of Defense for Health Affairs
U.S. Pacific Command Media Center, Honolulu Hawaii
February 15, 2005

Dr. Winkenwerder: I appreciate your coming and a chance to meet with you.

We had a good meeting this morning with Admiral Fargo and Admiral Roughead, and got some briefings and got updated on the tsunami relief effort and other activities here in the Pacific Command. I also spent some time with staff at Tripler Army Medical Center and got updated on some of their activities. We'll be leaving tomorrow and arriving late Thursday into Jakarta where I'll be meeting with the Minister of Health for Indonesia and also the United States Ambassador there to Indonesia and we'll also meet with officials from Indonesian military, civilian, for the Friday. Then Saturday we'll be out visiting the hospital ship Mercy.

So it's a busy trip, but I'm glad to be here and why don't I take your questions?

Q: We're interested in the new program that will follow returning military longer than just initially post deployment. Can you talk about that a little bit, or why you think it's what is necessary, how it evolved?

Dr. Winkenwerder: We are implementing a new program which is an enhancement of an existing program, and that existing program is called our Deployment Health Assessment Program where we screen people both prior to deployment and just after or at the time of return. That screening involves a questionnaire and it also involves a face-to-face interaction with a medical professional, either a physician, a physician assistant, a nurse, nurse practitioner, to really delve into whether there are any issues there that might need further follow-up.

As we began to get back information from the people who have already deployed to Iraq and to Afghanistan and come back, we began to learn about some of their experiences. We also began to learn about how they were completing this process and what they were telling us.

What we found was that right at the time of redeployment or right at the time of return, roughly three or four percent of servicemembers indicated they had a mental health concern or problem or something that they felt they might need referral for. That didn't surprise us. Roughly 15 or 20 percent indicated a need for some kind of medical follow-up or dental or what have you.

However, as time went on we learned that, from some studies that were being conducted by the Army, that if you anonymously asked people, confidentially asked people at two or three months after they've come back how they're doing or whether they're having stress, anxiety, depression, adjustment

problems, sort of a whole basket of different mental health concerns, the number actually rose up to about 13, 14, maybe as high as 17 percent. So that told us there was a difference between what people indicated right when they were coming back and then maybe what was happening two or three months later.

We think that's principally because people upon coming back just are very anxious to get back with their family and get through and get home.

Q: Back to normal.

Dr. Winkenwerder: Back to normal, yes. But then what they experience when they get back to normal may be anger, may be difficulty with sleep, may be on edge, some of these other issues and behaviors. Again, to be sure, it's a minority. It's again, mid-teens, 15 percent roughly, a little higher, a little below that. But this is important because we want to make sure that we're taking care of every servicemember and his or her family and we certainly want to prevent problems that we know do happen down the line for certain individuals. If we can intervene and mitigate that then that's the right thing to do.

So our new enhancement to this program is between two and five months. It is required for all servicemembers, including active duty and Guard and Reserve, to have this visit, an additional visit, and also complete a questionnaire. The specifics of that questionnaire are still being developed by an expert team that I've appointed.

If issues come up -- basically what we were saying to them, look, how are you doing? How's your family doing? Are you having any social adjustment problems or family issues? How can we help you? So it's an outreach. If they do, for those who do have problems then we want to refer them on, it could be to a chaplain, could be to family services, could be for a medical appointment.

So it's part of the whole continuum of taking care of our people.

Q: Why wouldn't they voluntarily come forward in the interim period or even right away? What barriers would there be to them voluntarily stepping forward and saying --

Dr. Winkenwerder: There should be --

Q: -- issues?

Dr. Winkenwerder: There should be no barrier. So we would hope that if someone was having a problem two weeks or three weeks or two months down the line before this required visit was to take place that they'd come forward and get help whenever they think they need it.

Q: But is there a stigma, are there some social issues that could discourage some servicemembers from doing that? Such that you require them to have a second face-to-face meeting?

Dr. Winkenwerder: Part of the reason that we made this a required part of our process, just like the

pre-deployment and immediate post-deployment are both required, and this is required as well, is we want to remove as much as we can the stigma, make it something that everybody experiences and goes through. Yes, stigma is an issue for some people. Some are a little reluctant to come forward. Some may view it as a sign of weakness. Some people might be worried about how it could affect their career. I would not want to be the one who said that none of those are real concerns or none of those are concerns that anyone should never have.

So I think that what we want to make this process do is fit in with the rest of how we take care of people and make it sort of just a standardized type of thing.

Q: And they I guess would be more willing to talk about issues they're having --

Dr. Winkenwerder: We would hope --

Q: -- because they've got to go to that face-to-face?

Dr. Winkenwerder: We would hope so, that's right. And frankly, we're encouraging and the Army is already stepping forward, and I want to commend the community here in Honolulu, in Hawaii, for the way in which they have already begun to prepare for the two brigades that will be coming back here over the next three or four months -- the 25th Infantry Division, there was a brigade that went to Iraq and another one that went to Afghanistan, and in anticipation of the need to carry out this additional step in the process and of having to deal with these types of issues. The team here has already begun to organize and think about how they can put together this package of services, so they're really a step ahead, frankly, of many other Army or military bases around the world, I should say, not just around the United States.

Q: Is there something extra or special that you have to do with the citizen soldiers and National Guard? They aren't really part of the system, though they are.

Dr. Winkenwerder: That's right.

Q: To follow through with them.

Dr. Winkenwerder: The first point is that their unit leaders will need to be accountable to be sure that each and every person within that unit has gone through this process. And we'll be holding them accountable.

The second point is we intend to make the services easily accessible. For example, we're working together with the VA so that the services that I'm talking about could be provided at a VA hospital or clinic, not just a military hospital or clinic. And if we need to think about how we, if we need to consider working with the private sector, TriCare network, we will do that as well. We don't see a need for that at this time, but if we do we'll certainly take the steps that we need to do that.

Q: How does that work in terms of Guard or Reserve coming back? They come off a mobilization and go back stateside, how does, what the continuum is there.

Dr. Winkenwerder: Typically they demobilize like active duty, step down from their duties. But usually within a few days, not a long period of time, they're back home and I'm sure decompressing from that experience, and I'm sure it's up to individuals' choices and decisions as to when they return to their normal work.

But in this case in terms of coverage, all of these individuals have six months of TriCare coverage, of military health coverage. That came about as a change in law that the Congress passed just last year at our request. We worked with the Congress to extend this coverage so that there would be the opportunity for people to make sure, in case they were uninsured and didn't have employer-based insurance, that they could get these services during that period of time.

In addition, people are eligible for up to two years for VA benefits if they've served in a combat theater.

So we think there's the coverage, the accessibility, so I think it's mostly going to come down to accountability and just getting people through this process.

Q: What about some of the issues that you're, specific issues that you're seeing servicemembers have to cope with with Iraqi Freedom, Enduring Freedom? We're talking about a year or longer deployments. Obviously this is a change to address what's needed. What kind of specific issues are you seeing health wise?

Dr. Winkenwerder: Well, just some of the ones I just mentioned. I would emphasize that some of the reactions that people have are well within what you would call normal. We've tried to emphasize if people are having symptoms of post traumatic stress disorder that it doesn't mean that you're mentally ill, it doesn't mean that you're crazy, it just means that you've gone through a very stressful set of events, and in some cases maybe sustained stress and life threatening circumstances, and for some people the adjustment is more significant than for others.

I think it's fair to say that just about everybody feels some level of adjustment, but for some people they may experience more significant symptoms. So again, things like bad dreams, not sleeping well, change in diet habits, easily angered, maybe depressed, having difficulty in relationships, just feeling like a fish out of water. So it's those kinds of situations where we want to help the people. We certainly also want to try to prevent people turning to alcohol or drugs or other things to suppress some of the uncomfortable feelings.

Q: Have you seen any of the real common themes such as servicemembers being in a combat zone, wearing an IBA all day long, carrying a weapon everywhere they go, they're on alert all the time for a year or longer, and then they come home and I wonder if there's times where they are going through WalMart and go through a panic attack because they don't have their weapon on them. Are you seeing any kind of specific issues related to that readjustment?

Dr. Winkenwerder: Well, there are all kinds of specific issues. I don't know about the one you just cited, maybe you know somebody. But it wouldn't surprise me if someone felt that. Again, it's a

psychological readjustment. It can be very significant to experience this. And it's not a sign of weakness, it's not a sign that you're not brave or courageous or whatever. It's part of the way the human mind works, works all of us through these kinds of events. So you have to work through it. But we want to support people through this effort and help them where they need it.

Q: Are you seeing, because of these year-long deployments is it a brand new set of issues that you're seeing? Are you talking about a real change from -- Desert Storm was [inaudible], I don't know how many days that was.

Dr. Winkenwerder: I'm not sure, at least from information that I'm familiar with, that the length of the deployment is as much a correlate as the type of experience that one has. So the more firefights or battles or life threatening situations one is in the more that increases the likelihood of some of these issues more than just being some place for a period of time. So I'm not sure that the length of the deployment is the primary determinant.

Q: You said that 17 percent -- I even find that figure pretty low. I would think it would be much higher to have readjustment issues, but --

Dr. Winkenwerder: These are meant to -- That figure was meant to define using medical definitions those individuals who fit the categories of post traumatic stress disorder, anxiety, or depression. So that figure would not include the individual who maybe felt like he or she was having some adjustment issues for a couple of weeks or a month and then it kind of died away. The figure that I gave you was related to a set of definitions that psychologists or psychiatrists would use.

Q: The Army study that you referenced, do you know when that came out?

Dr. Winkenwerder: June 2004. May or June. June I think, 2004.

Q: If I would search for that do you know the name --

Dr. Winkenwerder: We can give you the reference. It's a New England Journal of Medicine article by Colonel Hoge from the Walter Reed Army Research Institute. [NOTE: The study in the New England Journal of Medicine was published July 1, 2004. The NEJM website has it, at: http://content.nejm.org/cgi/content/full/351/1/13]

Dr. Winkenwerder: Let me, if I might, speak for a minute about the tsunami relief and the effort. First of all I just want to say thank you to all the servicemembers -- Army, Navy, Air Force, Marines, all that were involved in this relief effort because it really was a combined effort. They have performed magnificently. They've made all Americans proud. I think they've made many people around the world in some places who have been critics of the United States stand back and say thank you for the great humanitarian effort that you've provided that really has saved many many lives and helped these individuals who have been so devastated try to recover from something that's just hard to imagine.

So great job on so many people's parts, and a lot of coordination and communication helped

bring this about. It's been a great example of the, not just the coordination among the different services, but the coordination between our military and other governments, multiple governments and simultaneously the militaries of other governments, our own State Department, and the relief organizations, the NGO, non-governmental organizations, the Red Crosses and the World Visions and the World Food programs, because we really worked closely with all of those entities providing the critical support in many cases for them to do their jobs.

So it's been a joint effort and I look forward to my visit here in a couple of days to spend time with the people there.

Q: Besides the hospital ship are there still American military involved in the effort?

Dr. Winkenwerder: I would have to have you turn to the colonel here to get specifics on that. I know that the Abraham Lincoln pulled out a few days ago, but he might be able to give you more specifics on that. {NOTE: As of February 15, 359 service members were supporting disater relief efforts.]

Let me say a word or two about the Mercy and its deployment. It arrived around February 4th I believe it was, began operations on the 6th, so it's been working for about nine days now. Reports are very positive in terms of the work that they're performing and the way in which the host nation personnel are receiving that work. In other words, the personnel are actually going on-shore in the Banda Aceh area and working with the Indonesians and working with the NGOs. I'm told it's going very well. So we're pleased that it's off to a good start and we'll hope that that certainly continues.

Q: Can I go back to the post-deployment health assessment really quickly?

Dr. Winkenwerder: Sure.

Q: Is there a dollar figure in funding? I can't remember if that came out of the DoD piece that's associated with this.

Dr. Winkenwerder: Yes. We did not identify a specific additional budgetary allocation for this effort. There are no funds in the supplemental for this effort. However, I would note that we believe we have all the resources that we need to do this. We have the personnel existing and working in our facilities and clinics, both here in Hawaii and around the rest of the United States. So we believe we have the resources we need. If we need additional resources we will put together the request that we think we need and I'm sure that we'll obtain the funds.

Q: And finally, there's unfortunate deaths with servicemembers killing spouses on the East Coast, a case out of I think Washington State more recently that's going to the courts. Did that figure prominently in this decision to bolster the treatment and the evaluation program?

Dr. Winkenwerder: Certainly every incident like that is sad, it's unfortunate, it breaks your heart when you hear about any event of that nature, either a homicide, family dispute or a suicide. I think all of us believe that if we work hard enough we can prevent those types of events. The truth is probably not all those events are preventable. However, I think there is very positive news and experience to share;

that, for example, the suicide rate in the military across the board, even now in these times, is lower when compared to the civilian population. And so I think that didn't just happen. I think it's because of the number of outreach programs, the efforts that are made to identify people who might be having problems.

I know each of the Services specifically has a program to prevent suicide. There are programs specifically to deal with family stress and family adjustment or relationship issues. The rest of society doesn't have those types of programs, so I do think we're making a difference.

Our goal, obviously, is to drive down the rates of these kinds of events to the lowest possible level.

Q: But was that emerging issue a factor at all in the arrival of this increased effort?

Dr. Winkenwerder: No, it was not. Nor was any single incident a driver. We really were principally driven by two things. One is the information I think from the Hoge study and also comparing that to what I'd indicated earlier, the difference that we saw at this point in time was three or four percent, and then two or three months later it looks like it's higher. So I think it was that.

Secondly, from our own command staff in Europe as they looked at and worked with and evaluated soldiers that were coming back from the 1st Armored Division, they were seeing, again, issues like the ones we've talked about and it was their judgment that a more systematic way to address that problem was needed.

So we really, it was our own internal effort to look at how we're doing, what seems to work, that led to this new policy.

Q: What a change our times are. All the men that came back from the 442nd from Europe came home and didn't talk about what happened. And who knows what went on in their lives for years before they died.

Dr. Winkenwerder: That's very true.

Q: Hooray for modern acceptance of this need.

Dr. Winkenwerder: Yes. Absolutely. I think you may know, certainly I know people who served in prior wars who did carry these uncomfortable feelings and emotions and experiences -- very very real in their minds. In some cases there is no question but that those injuries, and I would call them that, psychological injuries, led to unfortunate events in later times in people's lives. I'm not here to say that what we're doing can prevent all of that, but we believe that what we're doing is the right thing. It is strongly supported by the Services, all of the Services. And we do believe that it will help. It will make a difference. We can't be perfect, but we can reduce this rate of problem, and whatever we can do for a soldier, sailor, marine, airman, or his or her family, it's the right thing to do and they certainly deserve it for the sacrifice they've made for their country.

Q: And that's started already across all the Services?

Dr. Winkenwerder: Yes. Well, the program that's being laid out, we'll begin to implement it in the April timeframe. So we're about, we think, six to eight weeks from beginning implementation.

Q: And certainly that same timeframe here in Hawaii.

Dr. Winkenwerder: That's right. So if people are getting back here say in March or April, again, we're looking at two or three or four months after then. So we think we're plenty well within the window of time for the people who will be coming back here.

But we certainly had an eye towards catching, if you will, all the returning servicemembers, not just to here but all across the United States that are coming back from the whole rotation between the group that is there now and has been and the ones that will be going forward here in the near future. Also Afghanistan, I would mention as well. Certainly this program is for those servicemembers as well.

Thank you.